Permit # _____

Date Issued: _____

State of New Hampshire
Board of Pharmacy
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.state.nh.us/pharmacy/

Return Application
With Check Payable To:
NH Board of Pharmacy

Annual Fee: $250

MANUFACTURER / WHOLESALER / DISTRIBUTOR OF PRESCRIPTION DRUGS/DEVICES OR MEDICAL GASES.

APPLICATION FOR PERMIT TO CONDUCT BUSINESS IN THE STATE OF NEW HAMPSHIRE.

July 1, 2004 – June 30, 2005 Licensing Period

Actual Manufacturing/Wholesaling Location:

_____
Firm Name

_____
Street Address

_____
City *State* *Zip Code*

Telephone:

DEA Number:

State Controlled Substance Lic. #, If Applicable:

E-Mail Address:

Parent Company (If Applicable):

State Of Incorporation (If Corp.):

Nature Of Business:
❑ Manufacturer ❑ Wholesaler/Distributor ❑ Both

Doing Business As:
❑ Sole Proprietorship ❑ Partnership ❑ Corporation

Name Of Owner(s): (Indicate Individual, Partners, Etc. [If Corporation, Show Title Of Officers]. Attach Additional Sheet If Necessary

Name	Address	Title

Is the above referenced company (physical location) licensed by the board of pharmacy in the state of location? ❑ Yes ❑ No
(If "yes", attach a copy of the most recent inspection).

Has registration or licensure granted to the above referenced company by <u>any</u> state or federal agency ever been suspended/revoked?
❑ Yes ❑ No (If "Yes", attach a detailed explanation)

Provide the name, address, & title of the person to whom the permit and/or renewal application should be directed:

Name: Title: Tel. #:

Business Mailing Address:

Provide the name, address, telephone & fax # of the person to whom communication regarding controlled substance distribution records may be directed:

Name: Telephone #: Fax #:

Business Mailing Address:

Which of the following entities do you ship to?

❑ Retail Pharmacies ❑ Hospital Pharmacies ❑ Physicians ❑ Dentists
❑ Veterinarians ❑ Other Wholesalers ❑ Other _____

Categories of product being shipped into New Hampshire?

❑ Controlled Substances ❑ Human Prescription Drugs ❑ Veterinary Prescription Drugs
❑ Medical Gases ❑ Prescription Devices

I do solemnly swear and affirm that I am the person authorized to sign this application for licensure and declare under penalties of perjury that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application, and if the registration herein applied for is granted, I hereby agree to and do submit to the jurisdiction of the New Hampshire Board of Pharmacy and to the laws and rules of this State.

Signature: _____ Title: _____ Date: _____